

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing

---

# PHA Plans

5 Year Plan for Fiscal Years 2005 - 2009

Annual Plan for Fiscal Year 2005

**NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN  
ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

**PHA Plan  
Agency Identification**

**PHA Name:** Housing Authority of the Town of Manchester

**PHA Number:** CT26

**PHA Fiscal Year Beginning:** 10/2005

**Public Access to Information**

**Information regarding any activities outlined in this plan can be obtained by contacting: (select all that apply)**

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices
- ☐ PHA local offices

**Display Locations For PHA Plans and Supporting Documents**

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices
- ☐ PHA local offices
- ☐ Main administrative office of the local government
- ☐ Main administrative office of the County government
- ☐ Main administrative office of the State government
- ☐ Public library
- ☐ PHA website
- ☐ Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- ☒ Main business office of the PHA
- ☐ PHA development management offices
- ☐ Other (list below)

**5-YEAR PLAN**  
**PHA FISCAL YEARS 2005 - 2009**  
[24 CFR Part 903.5]

**A. Mission**

State the PHA's mission for serving the needs of low-income, very low income, and extremely low-income families in the PHA's jurisdiction. (select one of the choices below)

- ☐ The mission of the PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.
- ☒ The PHA's mission is: (state mission here)

The mission of the Housing Authority of the Town of Manchester is to develop and maintain affordable, safe and sanitary housing, a suitable living environment and economic opportunities, by diligently practicing good property management, pursuing funding for additional housing and for educational and employment opportunities for our residents.

**B. Goals**

The goals and objectives listed below are derived from HUD's strategic Goals and Objectives and those emphasized in recent legislation. PHAs may select any of these goals and objectives as their own, or identify other goals and/or objectives. Whether selecting the HUD-suggested objectives or their own, **PHAS ARE STRONGLY ENCOURAGED TO IDENTIFY QUANTIFIABLE MEASURES OF SUCCESS IN REACHING THEIR OBJECTIVES OVER THE COURSE OF THE 5 YEARS.** (Quantifiable measures would include targets such as: numbers of families served or PHAS scores achieved.) PHAs should identify these measures in the spaces to the right of or below the stated objectives.

**HUD Strategic Goal: Increase the availability of decent, safe, and affordable housing.**

- ☒ PHA Goal: Expand the supply of assisted housing  
Objectives:
- ☒ Apply for additional rental vouchers: If funding is available.
  - ☐ Reduce public housing vacancies:
  - ☒ Leverage private or other public funds to create additional housing opportunities:
  - ☐ Acquire or build units or developments
  - ☐ Other (list below)
- ☒ PHA Goal: Improve the quality of assisted housing  
Objectives:
- ☒ Improve public housing management: (PHAS score) Be a High Performer by 9/30/09.
  - ☒ Improve voucher management: (SEMAP score) Maintain High Performer status.

- ☐ Increase customer satisfaction:
  - ☐ Concentrate on efforts to improve specific management functions:  
(list; e.g., public housing finance; voucher unit inspections)
  - ☒ Renovate or modernize public housing units: Ongoing with Capital Fund.
  - ☐ Demolish or dispose of obsolete public housing:
  - ☐ Provide replacement public housing:
  - ☐ Provide replacement vouchers:
  - ☐ Other: (list below)
- 
- ☒ PHA Goal: Increase assisted housing choices  
Objectives:
    - ☒ Provide voucher mobility counseling:
    - ☒ Conduct outreach efforts to potential voucher landlords
    - ☒ Increase voucher payment standards **If funding allows.**
    - ☐ Implement voucher homeownership program:
    - ☐ Implement public housing or other homeownership programs:
    - ☐ Implement public housing site-based waiting lists:
    - ☐ Convert public housing to vouchers:
    - ☐ Other: (list below)

**HUD Strategic Goal: Improve community quality of life and economic vitality**

- ☒ PHA Goal: Provide an improved living environment  
Objectives:
  - ☐ Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments:
  - ☐ Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments:
  - ☐ Implement public housing security improvements:
  - ☒ Designate developments or buildings for particular resident groups (elderly, persons with disabilities) **Reapplied for Elderly Designation- Westhill Gardens. Request sent to Hartford, CT Office 6/3/05.**
  - ☐ Other: (list below)

**HUD Strategic Goal: Promote self-sufficiency and asset development of families and individuals**

☒ PHA Goal: Promote self-sufficiency and asset development of assisted households

Objectives:

- ☒ Increase the number and percentage of employed persons in assisted families:
- ☒ Provide or attract supportive services to improve assistance recipients' employability:
- ☒ Provide or attract supportive services to increase independence for the elderly or families with disabilities.
- ☐ Other: (list below)

**HUD Strategic Goal: Ensure Equal Opportunity in Housing for all Americans**

☒ PHA Goal: Ensure equal opportunity and affirmatively further fair housing

Objectives:

- ☒ Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability: **Ongoing.**
- ☒ Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability **Ongoing.:**
- ☐ Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required:
- ☐ Other: (list below)

**Other PHA Goals and Objectives: (list below)**

**We have also adopted the following goals and objectives for the next five years.**

**Goal #1:**

**To manage the Housing Authority of the Town of Manchester programs in an efficient and effective manner, and be recognized as a high performer by 2009 under PHAS and SEMAP.**

**Objectives:**

**The Housing Authority of the Town of Manchester shall continue to excel in providing and training a motivating work environment with a capable and efficient team of employees to operate as a customer friendly and fiscally prudent leader in the public housing industry.**

**The Housing Authority of the Town of Manchester shall continue to excel in providing services to residents and the community through involvement in all community activities.**

**Goal #2:**

**Expand the range and quality of housing choices available to participants in the Housing Authority of the Town of Manchester tenant-based assistance program.**

**Objectives:**

**The Housing Authority of the Town of Manchester will strive to achieve and sustain a utilization rate of 95% by September 30, 2009, in its tenant-based program.**

**The Housing Authority of the Town of Manchester shall strive to attract 10 new landlords who want to participate in the voucher program by September 30, 2009.**



**Annual PHA Plan**  
**PHA Fiscal Year 2005**  
[24 CFR Part 903.7]

**i. Annual Plan Type:**

Select which type of Annual Plan the PHA will submit.

☒ **Standard Plan**

**Streamlined Plan:**

- ☐ **High Performing PHA**
- ☐ **Small Agency (<250 Public Housing Units)**
- ☐ **Administering Section 8 Only**

☐ **Troubled Agency Plan**

**ii. Executive Summary of the Annual PHA Plan**

[24 CFR Part 903.7 9 (r)]

Provide a brief overview of the information in the Annual Plan, including highlights of major initiatives and discretionary policies the PHA has included in the Annual Plan.

**N/A**



### **iii. Annual Plan Table of Contents**

[24 CFR Part 903.7 9 (r)]

Provide a table of contents for the Annual Plan, including attachments, and a list of supporting documents available for public inspection.

#### **Table of Contents**

Page #

#### **Annual Plan**

i. Executive Summary	n/a
ii. Table of Contents	
1. Housing Needs	10-17
2. Financial Resources	18
3. Policies on Eligibility, Selection and Admissions	19-27
4. Rent Determination Policies	27-31
5. Operations and Management Policies	31-33
6. Grievance Procedures	33-34
7. Capital Improvement Needs	39-41
8. Demolition and Disposition	46
9. Designation of Housing	47
10. Conversions of Public Housing	48-49
11. Homeownership	49-50
12. Community Service Programs	51-53
13. Crime and Safety	53-54
14. Pets (Inactive for January 1 PHAs)	Attachment
15. Civil Rights Certifications (included with PHA Plan Certifications)	55
16. Audit	56
17. Asset Management	57
18. Other Information	

#### **Attachments**

Indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. Note: If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

#### **Required Attachments:**

- ☐ Admissions Policy for Deconcentration
- ☒ FY 2005 Capital Fund Program Annual Statement
- ☐ Most recent board-approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY)

#### **Optional Attachments:**

- ☒ PHA Management Organizational Chart
- ☒ FY 2005 Capital Fund Program 5 Year Action Plan
- ☐ Public Housing Drug Elimination Program (PHDEP) Plan
- ☐ Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text)

- ☒ Other (List below, providing each attachment name)
- Attachment B Goals and Accomplishments
  - Attachment C Pet Policy
  - Attachment D Flat Rents
  - Attachment E Deconcentration and Income Mixing
  - Attachment F Membership of the Resident Advisory Board
  - Attachment G Resident Member of the Governing Board
  - Attachment H FY2004 Performance and Evaluation ReportCT26PO2650104
  - Attachment I Voluntary Conversion Initial Assessments
  - Attachment J Implementation of Public Housing Resident Community Service Requirements

### Supporting Documents Available for Review

Indicate which documents are available for public review by placing a mark in the “Applicable & On Display” column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
X	State/Local Government Certification of Consistency with the Consolidated Plan	5 Year and Annual Plans
X	Fair Housing Documentation: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement.	5 Year and Annual Plans
X	Consolidated Plan for the jurisdiction/s in which the PHA is located (which includes the Analysis of Impediments to Fair Housing Choice (AI))) and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources;
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies

	<p>Public Housing Deconcentration and Income Mixing Documentation:</p> <ol style="list-style-type: none"> <li>1. PHA board certifications of compliance with deconcentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/18/99 <i>Quality Housing and Work Responsibility Act Initial Guidance; Notice</i> and any further HUD guidance) and</li> <li>2. Documentation of the required deconcentration and income mixing analysis</li> </ol>	Annual Plan: Eligibility, Selection, and Admissions Policies
X	<p>Public housing rent determination policies, including the methodology for setting public housing flat rents</p> <p><input type="checkbox"/> check here if included in the public housing A &amp; O Policy</p>	Annual Plan: Rent Determination
X	<p>Schedule of flat rents offered at each public housing development</p> <p><input type="checkbox"/> check here if included in the public housing A &amp; O Policy</p>	Annual Plan: Rent Determination
X	<p>Section 8 rent determination (payment standard) policies</p> <p><input type="checkbox"/> check here if included in Section 8 Administrative Plan</p>	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	<p>Public housing grievance procedures</p> <p><input type="checkbox"/> check here if included in the public housing A &amp; O Policy</p>	Annual Plan: Grievance Procedures
X	<p>Section 8 informal review and hearing procedures</p> <p><input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan</p>	Annual Plan: Grievance Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year	Annual Plan: Capital Needs
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs
X	Most recent, approved 5 Year Action Plan for the Capital Fund/Comprehensive Grant Program, if not included as an attachment (provided at PHA option)	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans or any other approved proposal for development of public housing	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition

X	Approved or submitted applications for designation of public housing (Designated Housing Plans) <b>Request for renewal of Designated Housing Plan submitted 6/3/05.</b>	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program <input type="checkbox"/> check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)	Annual Plan: Safety and Crime Prevention
X	The most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

## **. Statement of Housing Needs**

[24 CFR Part 903.7 9 (a)]

### **A. Housing Needs of Families in the Jurisdiction/s Served by the PHA**

Based upon the information contained in the Consolidated Plan/s applicable to the jurisdiction, and/or other data available to the PHA, provide a statement of the housing needs in the jurisdiction by completing the following table. In the “Overall” Needs column, provide the estimated number of renter families that have housing needs. For the remaining characteristics, rate the impact of that factor on the housing needs for each family type, from 1 to 5, with 1 being “no impact” and 5 being “severe impact.” Use N/A to indicate that no information is available upon which the PHA can make this assessment.

<b>Housing Needs of Families in the Jurisdiction by Family Type</b>							
Family Type	Overall 1	Afford- ability	Supply	Quality	Access- ibility	Size	Loca- tion
Income <= 30% of AMI	1,749	5	N/A	N/A	N/A	N/A	N/A
Income >30% but <=50% of AMI	1,425	5	N/A	N/A	N/A	N/A	N/A
Income >50% but <80% of AMI	2,284	3	N/A	N/A	N/A	N/A	N/A
Elderly	556	3	N/A	N/A	N/A	N/A	N/A
Families with Disabilities	N/A	N/A	N/A	N/A	N/A	N/A	N/A
White Non- Hispanic	7,530	3	N/A	N/A	N/A	N/A	N/A
Black Non- Hispanic	1,235	4	N/A	N/A	N/A	N/A	N/A
Hispanic	649	4	N/A	N/A	N/A	N/A	N/A
Native American	4	N/A	N/A	N/A	N/A	N/A	N/A
Asian/Pacific	N/A	N/A	N/A	N/A	N/A	N/A	N/A

What sources of information did the PHA use to conduct this analysis? (Check all that apply; all materials must be made available for public inspection.)

- ☒ Consolidated Plan of the Jurisdiction/s  
     Indicate year: 2005 Plan does not indicate supply, quality , etc. data.
- ☐ U.S. Census data: the Comprehensive Housing Affordability Strategy (“CHAS”) dataset
- ☐ American Housing Survey data  
     Indicate year:
- ☐ Other housing market study  
     Indicate year:
- ☒ Other sources: (list and indicate year of information)

## B. Housing Needs of Families on the Public Housing and Section 8 Tenant- Based Assistance Waiting Lists

State the housing needs of the families on the PHA's waiting list/s. **Complete one table for each type of PHA-wide waiting list administered by the PHA.** PHAs may provide separate tables for site-based or sub-jurisdictional public housing waiting lists at their option.

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input type="checkbox"/> Section 8 tenant-based assistance <input checked="" type="checkbox"/> Public Housing <input type="checkbox"/> Combined Section 8 and Public Housing <input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional) If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	399		45
Extremely low income <=30% AMI	295	74%	
Very low income (>30% but <=50% AMI)	79	20%	
Low income (>50% but <80% AMI)	25	7%	
Families with children	14	4%	
Elderly families	190	48%	
Families with Disabilities	195	49%	
White Non-Hispanic	316	80%	
Black Non-Hispanic	36	9%	
Hispanic	41	11%	
American Indian	0	0	
Asian	6	2%	
Characteristics by Bedroom Size (Public Housing Only)			
0BR	24	6%	
1 BR	296	75%	
2 BR	85	22%	
3 BR	18	5%	

Housing Needs of Families on the Waiting List			

Is the waiting list closed (select one)? ☒ No ☐ Yes

If yes:

How long has it been closed (# of months)?

Does the PHA expect to reopen the list in the PHA Plan year? ☐ No ☐ Yes

Does the PHA permit specific categories of families onto the waiting list, even if generally closed? ☐ No ☐ Yes

### Housing Needs of Families on the Waiting List

Waiting list type: (select one)

- ☒ Section 8 tenant-based assistance  
☐ Public Housing  
☐ Combined Section 8 and Public Housing  
☐ Public Housing Site-Based or sub-jurisdictional waiting list (optional)

If used, identify which development/subjurisdiction:

	# of families	% of total families	Annual Turnover
Waiting list total	292		50
Extremely low income <=30% AMI	276	94%	
Very low income (>30% but <=50% AMI)	8	3%	
Low income (>50% but <80% AMI)	8	3%	
Families with children	259	89%	
Elderly families	26	9%	
Families with Disabilities	7	3%	
White Non-Hispanic	47	3%	
Black Non-Hispanic	174	60%	
Hispanic	69	24%	
Other	2	1%	



Is the waiting list closed (select one)? ☐ No ☒ Yes

If yes:

How long has it been closed (# of months)? 57 months

Does the PHA expect to reopen the list in the PHA Plan year? ☒ No ☐ Yes

Does the PHA permit specific categories of families onto the waiting list, even if generally closed? ☐ No ☒ Yes  
Under certain circumstances at the discretion of the Executive Director.

### C. Strategy for Addressing Needs

Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list **IN THE UPCOMING YEAR**, and the Agency's reasons for choosing this strategy.

#### (1) Strategies

**Need: Shortage of affordable housing for all eligible populations**

**Strategy 1. Maximize the number of affordable units available to the PHA within its current resources by:**

Select all that apply

- ☒ Employ effective maintenance and management policies to minimize the number of public housing units off-line
- ☒ Reduce turnover time for vacated public housing units
- ☐ Reduce time to renovate public housing units
- ☐ Seek replacement of public housing units lost to the inventory through mixed finance development
- ☐ Seek replacement of public housing units lost to the inventory through section 8 replacement housing resources
- ☐ Maintain or increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction
- ☐ Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required
- ☐ Maintain or increase section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration
- ☐ Maintain or increase section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of program
- ☒ Participate in the Consolidated Plan development process to ensure coordination with broader community strategies
- ☐ Other (list below)

**Strategy 2: Increase the number of affordable housing units by:**

Select all that apply

- ☒ Apply for additional section 8 units should they become available
- ☐ Leverage affordable housing resources in the community through the creation of mixed - finance housing
- ☒ Pursue housing resources other than public housing or Section 8 tenant-based assistance.
- ☐ Other: (list below)

**Need: Specific Family Types: Families at or below 30% of median**

**Strategy 1: Target available assistance to families at or below 30 % of AMI**

Select all that apply

- ☐ Exceed HUD federal targeting requirements for families at or below 30% of AMI in public housing
- ☐ Exceed HUD federal targeting requirements for families at or below 30% of AMI in tenant-based section 8 assistance
- ☐ Employ admissions preferences aimed at families with economic hardships
- ☒ Adopt rent policies to support and encourage work
- ☐ Other: (list below)

**Need: Specific Family Types: Families at or below 50% of median**

**Strategy 1: Target available assistance to families at or below 50% of AMI**

Select all that apply

- ☐ Employ admissions preferences aimed at families who are working
- ☒ Adopt rent policies to support and encourage work
- ☐ Other: (list below)

**Need: Specific Family Types: The Elderly**

**Strategy 1: Target available assistance to the elderly:**

Select all that apply

- ☐ Seek designation of public housing for the elderly
- ☐ Apply for special-purpose vouchers targeted to the elderly, should they become available
- ☒ Other: (list below) Reapplied for Elderly Only Designation sent to local HUD office 6/3/2005.

**Need: Specific Family Types: Families with Disabilities**

**Strategy 1: Target available assistance to Families with Disabilities:**

Select all that apply

- ☐ Seek designation of public housing for families with disabilities
- ☐ Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing
- ☒ Apply for special-purpose vouchers targeted to families with disabilities, should they become available
- ☐ Affirmatively market to local non-profit agencies that assist families with disabilities
- ☐ Other: (list below)

**Need: Specific Family Types: Races or ethnicities with disproportionate housing needs**

**Strategy 1: Increase awareness of PHA resources among families of races and ethnicities with disproportionate needs:**

Select if applicable

- ☐ Affirmatively market to races/ethnicities shown to have disproportionate housing needs
- ☐ Other: (list below)

## Strategy 2: Conduct activities to affirmatively further fair housing

Select all that apply

- ☒ Counsel section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units
- ☒ Market the section 8 program to owners outside of areas of poverty /minority concentrations
- ☐ Other: (list below)

## Other Housing Needs & Strategies: (list needs and strategies below)

### (2) Reasons for Selecting Strategies

Of the factors listed below, select all that influenced the PHA's selection of the strategies it will pursue:

- ☒ Funding constraints
- ☒ Staffing constraints
- ☒ Limited availability of sites for assisted housing
- ☐ Extent to which particular housing needs are met by other organizations in the community
- ☐ Evidence of housing needs as demonstrated in the Consolidated Plan and other information available to the PHA
- ☒ Influence of the housing market on PHA programs
- ☐ Community priorities regarding housing assistance
- ☒ Results of consultation with local or state government
- ☒ Results of consultation with residents and the Resident Advisory Board
- ☐ Results of consultation with advocacy groups
- ☐ Other: (list below)

## 2. Statement of Financial Resources

[24 CFR Part 903.7 9 (b)]

List the financial resources that are anticipated to be available to the PHA for the support of Federal public housing and tenant-based Section 8 assistance programs administered by the PHA during the Plan year. Note: the table assumes that Federal public housing or tenant based Section 8 assistance grant funds are expended on eligible purposes; therefore, uses of these funds need not be stated. For other funds, indicate the use for those funds as one of the following categories: public housing operations, public housing capital improvements, public housing safety/security, public housing supportive services, Section 8 tenant-based assistance, Section 8 supportive services or other.

<b>Financial Resources: Planned Sources and Uses</b>		
<b>Sources</b>	<b>Planned \$</b>	<b>Planned Uses</b>
<b>1. Federal Grants (FY 2005 grants)</b>		
a) Public Housing Operating Fund	\$601,203.00	
b) Public Housing Capital Fund	\$436,278.00	
c) HOPE VI Revitalization	-0-	
d) HOPE VI Demolition	-0-	
e) Annual Contributions for Section 8 Tenant-Based Assistance	\$3,276,083.00	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)	-0-	
g) Resident Opportunity and Self-Sufficiency Grants	-0-	
h) Community Development Block Grant	-0-	
i) HOME	-0-	
Other Federal Grants (list below)	-0-	
<b>2. Prior Year Federal Grants (unobligated funds only) (list below)</b>	-0-	
<b>3. Public Housing Dwelling Rental Income</b>	\$1,020,398.40	
<b>4. Other income (list below)</b>		
Laundromat	\$6,500.00	
<b>4. Non-federal sources (list below)</b>		
<b>Total resources</b>	\$5,340,462.00	

### **3. PHA Policies Governing Eligibility, Selection, and Admissions**

[24 CFR Part 903.7 9 (c)]

#### **A. Public Housing**

Exemptions: PHAs that do not administer public housing are not required to complete subcomponent 3A.

##### **(1) Eligibility**

a. When does the PHA verify eligibility for admission to public housing? (select all that apply)

- ☒ When families are within a certain number of being offered a unit: (state number) Top of List or within top 5 if first family turns down unit.
- ☐ When families are within a certain time of being offered a unit: (state time)
- ☐ Other: (describe)

b. Which non-income (screening) factors does the PHA use to establish eligibility for admission to public housing (select all that apply)?

- ☒ Criminal or Drug-related activity
- ☒ Rental history
- ☐ Housekeeping
- ☒ Other (describe)

c. ☒ Yes ☐ No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?

d. ☒ Yes ☐ No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?

e. ☒ Yes ☐ No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)

##### **(2)Waiting List Organization**

a. Which methods does the PHA plan to use to organize its public housing waiting list (select all that apply)

- ☒ Community-wide list
- ☐ Sub-jurisdictional lists
- ☐ Site-based waiting lists
- ☐ Other (describe)

b. Where may interested persons apply for admission to public housing?

- ☒ PHA main administrative office
- ☐ PHA development site management office
- ☐ Other (list below)

c. If the PHA plans to operate one or more site-based waiting lists in the coming year, answer each of the following questions; if not, skip to subsection **(3) Assignment**

1. How many site-based waiting lists will the PHA operate in the coming year?

2. ☐ Yes ☐ No: Are any or all of the PHA's site-based waiting lists new for the upcoming year (that is, they are not part of a previously-HUD-approved site based waiting list plan)?  
If yes, how many lists?

3. ☐ Yes ☐ No: May families be on more than one list simultaneously  
If yes, how many lists?

4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?

- ☐ PHA main administrative office
- ☐ All PHA development management offices
- ☐ Management offices at developments with site-based waiting lists
- ☐ At the development to which they would like to apply
- ☐ Other (list below)

### **(3) Assignment**

a. How many vacant unit choices are applicants ordinarily given before they fall to the bottom of or are removed from the waiting list? (select one)

- ☐ One
- ☒ Two Removed, unless applicant requests to be put on list & then applicant goes to the bottom of the list.
- ☐ Three or More

b. ☒ Yes ☐ No: Is this policy consistent across all waiting list types?

c. If answer to b is no, list variations for any other than the primary public housing waiting list/s for the PHA:

### **(4) Admissions Preferences**

a. Income targeting:

☐ Yes ☒ No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 40% of all new admissions to public housing to families at or below 30% of median area income?

b. Transfer policies:

In what circumstances will transfers take precedence over new admissions? (list below)

- ☒ Emergencies
- ☐ Overhoused
- ☐ Underhoused
- ☒ Medical justification
- ☒ Administrative reasons determined by the PHA (e.g., to permit modernization work)
- ☐ Resident choice: (state circumstances below)
- ☐ Other: (list below)

c. Preferences

1. ☒ Yes ☐ No: Has the PHA established preferences for admission to public housing (other than date and time of application)? (If “no” is selected, skip to subsection **(5) Occupancy**)
2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal preferences:

- ☒ Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- ☒ Victims of domestic violence
- ☐ Substandard housing
- ☐ Homelessness
- ☐ High rent burden (rent is > 50 percent of income)

Other preferences: (select below)

- ☒ Working families and those unable to work because of age or disability
- ☐ Veterans and veterans’ families
- ☒ Residents who live and/or work in the jurisdiction
- ☐ Those enrolled currently in educational, training, or upward mobility programs
- ☐ Households that contribute to meeting income goals (broad range of incomes)
- ☐ Households that contribute to meeting income requirements (targeting)
- ☐ Those previously enrolled in educational, training, or upward mobility programs
- ☐ Victims of reprisals or hate crimes
- ☐ Other preference(s) (list below)

3. If the PHA will employ admissions preferences, please prioritize by placing a “1” in the space that represents your first priority, a “2” in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a point system), place the same number next to each. That means you can use “1” more than once, “2” more than once, etc.

Date and Time

Former Federal preferences:

- 1 Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- 1 Victims of domestic violence
- Substandard housing
- Homelessness
- High rent burden

Other preferences (select all that apply)



- ☒ Working families and those unable to work because of age or disability
- ☐ Veterans and veterans' families
- ☒ Residents who live and/or work in the jurisdiction
- ☐ Those enrolled currently in educational, training, or upward mobility programs
- ☐ Households that contribute to meeting income goals (broad range of incomes)
- ☐ Households that contribute to meeting income requirements (targeting)
- ☐ Those previously enrolled in educational, training, or upward mobility programs
- ☐ Victims of reprisals or hate crimes
- ☒ Other preference(s) (list below) **Working Families**

4. Relationship of preferences to income targeting requirements:

- ☐ The PHA applies preferences within income tiers
- ☐ Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

**(5) Occupancy**

a. What reference materials can applicants and residents use to obtain information about the rules of occupancy of public housing (select all that apply)

- ☒ The PHA-resident lease
- ☒ The PHA's Admissions and (Continued) Occupancy policy
- ☒ PHA briefing seminars or written materials
- ☒ Other source (list) **Tenant Handbook**

b. How often must residents notify the PHA of changes in family composition? (select all that apply)

- ☐ At an annual reexamination and lease renewal
- ☒ Any time family composition changes
- ☐ At family request for revision
- ☐ Other (list)

**(6) Deconcentration and Income Mixing**

a. ☐ Yes ☒ No: Did the PHA's analysis of its family (general occupancy) developments to determine concentrations of poverty indicate the need for measures to promote deconcentration of poverty or income mixing?

b. ☐ Yes ☒ No: Did the PHA adopt any changes to its **admissions policies** based on the results of the required analysis of the need to promote deconcentration of poverty or to assure income mixing?

c. If the answer to b was yes, what changes were adopted? (select all that apply)

- ☐ Adoption of site based waiting lists  
If selected, list targeted developments below:
- ☐ Employing waiting list “skipping” to achieve deconcentration of poverty or income mixing goals at targeted developments  
If selected, list targeted developments below:
- ☐ Employing new admission preferences at targeted developments  
If selected, list targeted developments below:
- ☐ Other (list policies and developments targeted below)

d. ☐ Yes ☒ No: Did the PHA adopt any changes to **other** policies based on the results of the required analysis of the need for deconcentration of poverty and income mixing?

e. If the answer to d was yes, how would you describe these changes? (select all that apply)

- ☐ Additional affirmative marketing
- ☐ Actions to improve the marketability of certain developments
- ☐ Adoption or adjustment of ceiling rents for certain developments
- ☐ Adoption of rent incentives to encourage deconcentration of poverty and income-mixing
- ☐ Other (list below)

f. Based on the results of the required analysis, in which developments will the PHA make special efforts to attract or retain higher-income families? (select all that apply)

- ☐ Not applicable: results of analysis did not indicate a need for such efforts
- ☐ List (any applicable) developments below:

g. Based on the results of the required analysis, in which developments will the PHA make special efforts to assure access for lower-income families? (select all that apply)

- ☒ Not applicable: results of analysis did not indicate a need for such efforts
- ☐ List (any applicable) developments below:

## B. Section 8

Exemptions: PHAs that do not administer section 8 are not required to complete sub-component 3B.

**Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).**

### **(1) Eligibility**

- a. What is the extent of screening conducted by the PHA? (select all that apply)
- ☒ Criminal or drug-related activity only to the extent required by law or regulation
- ☐ Criminal and drug-related activity, more extensively than required by law or regulation
- ☐ More general screening than criminal and drug-related activity (list factors below)
- ☐ Other (list below)
- b. ☒ Yes ☐ No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?
- c. ☒ Yes ☐ No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?
- d. ☒ Yes ☐ No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)
- e. Indicate what kinds of information you share with prospective landlords? (select all that apply)
- ☒ Criminal or drug-related activity
- ☒ Other (describe below) **Rental History**

### **(2) Waiting List Organization**

- a. With which of the following program waiting lists is the section 8 tenant-based assistance waiting list merged? (select all that apply)
- ☒ None
- ☐ Federal public housing
- ☐ Federal moderate rehabilitation
- ☐ Federal project-based certificate program
- ☐ Other federal or local program (list below)
- b. Where may interested persons apply for admission to section 8 tenant-based assistance? (select all that apply)
- ☒ PHA main administrative office
- ☐ Other (list below)

### **(3) Search Time**

- a. ☒ Yes ☐ No: Does the PHA give extensions on standard 60-day period to search for a unit?

If yes, state circumstances below:

**If the family documents their efforts and additional time can reasonably be expected to result in success or the family contains a person with a disability.**

**(4) Admissions Preferences**

- a. Income targeting

- ☐ Yes ☒ No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 75% of all new admissions to the section 8 program to families at or below 30% of median area income?

- b. Preferences

1. ☒ Yes ☐ No: Has the PHA established preferences for admission to section 8 tenant-based assistance? (other than date and time of application) (if no, skip to subcomponent **(5) Special purpose section 8 assistance programs**)

2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal preferences

- ☐ Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)  
☐ Victims of domestic violence  
☐ Substandard housing  
☐ Homelessness  
☐ High rent burden (rent is > 50 percent of income)

Other preferences (select all that apply)

- ☐ Working families and those unable to work because of age or disability  
☐ Veterans and veterans' families  
☒ Residents who live and/or work in your jurisdiction  
☐ Those enrolled currently in educational, training, or upward mobility programs  
☐ Households that contribute to meeting income goals (broad range of incomes)  
☐ Households that contribute to meeting income requirements (targeting)  
☐ Those previously enrolled in educational, training, or upward mobility programs  
☐ Victims of reprisals or hate crimes  
☐ Other preference(s) (list below)

3. If the PHA will employ admissions preferences, please prioritize by placing a “1” in the space that represents your first priority, a “2” in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a point system), place the same number next to each. That means you can use “1” more than once, “2” more than once, etc.

Date and Time

Former Federal preferences

- Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- Victims of domestic violence
- Substandard housing
- Homelessness
- High rent burden

Other preferences (select all that apply)

- ☐ Working families and those unable to work because of age or disability
- ☐ Veterans and veterans’ families
- ☒ 1 Residents who live and/or work in your jurisdiction
- ☐ Those enrolled currently in educational, training, or upward mobility programs
- ☐ Households that contribute to meeting income goals (broad range of incomes)
- ☐ Households that contribute to meeting income requirements (targeting)
- ☐ Those previously enrolled in educational, training, or upward mobility programs
- ☐ Victims of reprisals or hate crimes
- ☐ Other preference(s) (list below)

a. Among applicants on the waiting list with equal preference status, how are applicants selected? (select one)

- ☒ Date and time of application
- ☐ Drawing (lottery) or other random choice technique

b. If the PHA plans to employ preferences for “residents who live and/or work in the jurisdiction” (select one)

- ☒ This preference has previously been reviewed and approved by HUD
- ☐ The PHA requests approval for this preference through this PHA Plan

c. Relationship of preferences to income targeting requirements: (select one)

- ☐ The PHA applies preferences within income tiers
- ☒ Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

## **(5) Special Purpose Section 8 Assistance Programs**

- d. In which documents or other reference materials are the policies governing eligibility, selection, and admissions to any special-purpose section 8 program administered by the PHA contained? (select all that apply)

- ☒ The Section 8 Administrative Plan  
☒ Briefing sessions and written materials  
☐ Other (list below)

- e. How does the PHA announce the availability of any special-purpose section 8 programs to the public?

- ☒ Through published notices  
☐ Other (list below)

## **4. PHA Rent Determination Policies**

[24 CFR Part 903.7 9 (d)]

### **A. Public Housing**

Exemptions: PHAs that do not administer public housing are not required to complete sub-component 4A.

#### **(1) Income Based Rent Policies**

Describe the PHA's income based rent setting policy/ies for public housing using, including discretionary (that is, not required by statute or regulation) income disregards and exclusions, in the appropriate spaces below.

- a. Use of discretionary policies: (select one)

- ☐ The PHA will not employ any discretionary rent-setting policies for income based rent in public housing. Income-based rents are set at the higher of 30% of adjusted monthly income, 10% of unadjusted monthly income, the welfare rent, or minimum rent (less HUD mandatory deductions and exclusions). (If selected, skip to sub-component (2))

---or---

- ☒ The PHA employs discretionary policies for determining income based rent (If selected, continue to question b.)

- b. Minimum Rent

1. What amount best reflects the PHA's minimum rent? (select one)

- ☐ \$0  
☒ \$1-\$25  
☐ \$26-\$50

2. ☐ Yes ☒ No: Has the PHA adopted any discretionary minimum rent hardship exemption policies?

3. If yes to question 2, list these policies below:

c. Rents set at less than 30% than adjusted income

1. ☐ Yes ☒ No: Does the PHA plan to charge rents at a fixed amount or percentage less than 30% of adjusted income?

2. If yes to above, list the amounts or percentages charged and the circumstances under which these will be used below:

d. Which of the discretionary (optional) deductions and/or exclusions policies does the PHA plan to employ (select all that apply)

- ☐ For the earned income of a previously unemployed household member  
☐ For increases in earned income  
☐ Fixed amount (other than general rent-setting policy)  
If yes, state amount/s and circumstances below:

- ☒ Fixed percentage (other than general rent-setting policy)  
If yes, state percentage/s and circumstances below:  
**A deduction of 10% of gross income for working families.**

- ☐ For household heads  
☐ For other family members  
☐ For transportation expenses  
☐ For the non-reimbursed medical expenses of non-disabled or non-elderly families  
☐ Other (describe below)

e. Ceiling rents

1. Do you have ceiling rents? (rents set at a level lower than 30% of adjusted income) (select one)

- ☐ Yes for all developments  
☐ Yes but only for some developments  
☒ No

2. For which kinds of developments are ceiling rents in place? (select all that apply)

- ☐ For all developments  
☐ For all general occupancy developments (not elderly or disabled or elderly only)  
☐ For specified general occupancy developments  
☐ For certain parts of developments; e.g., the high-rise portion  
☐ For certain size units; e.g., larger bedroom sizes  
☐ Other (list below)

3. Select the space or spaces that best describe how you arrive at ceiling rents (select all that apply)

- ☐ Market comparability study
- ☐ Fair market rents (FMR)
- ☐ 95<sup>th</sup> percentile rents
- ☐ 75 percent of operating costs
- ☐ 100 percent of operating costs for general occupancy (family) developments
- ☐ Operating costs plus debt service
- ☐ The "rental value" of the unit
- ☐ Other (list below)

f. Rent re-determinations:

1. Between income reexaminations, how often must tenants report changes in income or family composition to the PHA such that the changes result in an adjustment to rent? (select all that apply)

- ☐ Never
- ☐ At family option
- ☐ Any time the family experiences an income increase
- ☐ Any time a family experiences an income increase above a threshold amount or percentage: (if selected, specify threshold)\_\_\_\_\_
- ☒ Other (list below)

g. ☐ Yes ☒ No: Does the PHA plan to implement individual savings accounts for residents (ISAs) as an alternative to the required 12 month disallowance of earned income and phasing in of rent increases in the next year?

## **(2) Flat Rents**

1. In setting the market-based flat rents, what sources of information did the PHA use to establish comparability? (select all that apply.)

- ☐ The section 8 rent reasonableness study of comparable housing
- ☐ Survey of rents listed in local newspaper
- ☒ Survey of similar unassisted units in the neighborhood
- ☐ Other (list/describe below)



## B. Section 8 Tenant-Based Assistance

Exemptions: PHAs that do not administer Section 8 tenant-based assistance are not required to complete sub-component 4B. **Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).**

### (1) Payment Standards

Describe the voucher payment standards and policies.

a. What is the PHA's payment standard? (select the category that best describes your standard)

- ☐ At or above 90% but below 100% of FMR
- ☒ 100% of FMR
- ☐ Above 100% but at or below 110% of FMR
- ☐ Above 110% of FMR (if HUD approved; describe circumstances below)

b. If the payment standard is lower than FMR, why has the PHA selected this standard? (select all that apply)

- ☐ FMRs are adequate to ensure success among assisted families in the PHA's segment of the FMR area
- ☐ The PHA has chosen to serve additional families by lowering the payment standard
- ☐ Reflects market or submarket
- ☐ Other (list below)

c. If the payment standard is higher than FMR, why has the PHA chosen this level? (select all that apply)

- ☐ FMRs are not adequate to ensure success among assisted families in the PHA's segment of the FMR area
- ☐ Reflects market or submarket
- ☐ To increase housing options for families
- ☐ Other (list below)

d. How often are payment standards reevaluated for adequacy? (select one)

- ☒ Annually
- ☐ Other (list below)

e. What factors will the PHA consider in its assessment of the adequacy of its payment standard? (select all that apply)

- ☒ Success rates of assisted families
- ☒ Rent burdens of assisted families
- ☐ Other (list below)

## **(2) Minimum Rent**

a. What amount best reflects the PHA's minimum rent? (select one)

- ☐ \$0  
☐ \$1-\$25  
☒ \$26-\$50

b. ☐ Yes ☒ No: Has the PHA adopted any discretionary minimum rent hardship exemption policies? (if yes, list below)

## **5. Operations and Management**

[24 CFR Part 903.7 9 (e)]

Exemptions from Component 5: High performing and small PHAs are not required to complete this section. Section 8 only PHAs must complete parts A, B, and C(2)

### **A. PHA Management Structure**

Describe the PHA's management structure and organization.

(select one)

- ☒ An organization chart showing the PHA's management structure and organization is attached.  
☐ A brief description of the management structure and organization of the PHA follows:

## B. HUD Programs Under PHA Management

List Federal programs administered by the PHA, number of families served at the beginning of the upcoming fiscal year, and expected turnover in each. (Use "NA" to indicate that the PHA does not operate any of the programs listed below.)

Program Name	Units or Families Served at Year Beginning	Expected Turnover
Public Housing	318	45
Section 8 Vouchers	414	0
Section 8 Certificates	N/A	
Section 8 Mod Rehab	N/A	
Special Purpose Section 8 Certificates/Vouchers (list individually)	N/A	
Public Housing Drug Elimination Program (PHDEP)	N/A	
Other Federal Programs(list individually)		
CAPITAL FUND	318	

## C. Management and Maintenance Policies

List the PHA's public housing management and maintenance policy documents, manuals and handbooks that contain the Agency's rules, standards, and policies that govern maintenance and management of public housing, including a description of any measures necessary for the prevention or eradication of pest infestation (which includes cockroach infestation) and the policies governing Section 8 management.

### (1) Public Housing Maintenance and Management: (list below)

**Capitalization Policy**  
**Check Signing Authorization Policy**  
**Criminal, Drug Treatment, and Registered Sex Offender Policy**  
**Disposition Policy**  
**Drug-Free Workplace Policy**  
**Equal Housing Opportunity Policy**  
**Ethics Policy**  
**Facilities Use Policy**  
**Funds Investment Policy**  
**Funds Transfer Policy**  
**Grievance Policy**  
**Maintenance Plan**  
**Personnel Policy**  
**Pest Control Policy**  
**Pet Policy**  
**Procurement Policy**  
**Sexual Harassman Policy**

(2) Section 8 Management: (list below)

### Section 8 Administrative Plan

## **6. PHA Grievance Procedures**

[24 CFR Part 903.7 9 (f)]

Exemptions from component 6: High performing PHAs are not required to complete component 6. Section 8-Only PHAs are exempt from sub-component 6A.

### **A. Public Housing**

1. ☐ Yes ☒ No: Has the PHA established any written grievance procedures in addition to federal requirements found at 24 CFR Part 966, Subpart B, for residents of public housing?

If yes, list additions to federal requirements below:

2. Which PHA office should residents or applicants to public housing contact to initiate the PHA grievance process? (select all that apply)

- ☒ PHA main administrative office  
☐ PHA development management offices  
☐ Other (list below)

### **B. Section 8 Tenant-Based Assistance**

1. ☐ Yes ☒ No: Has the PHA established informal review procedures for applicants to the Section 8 tenant-based assistance program and informal hearing procedures for families assisted by the Section 8 tenant-based assistance program in addition to federal requirements found at 24 CFR 982?

If yes, list additions to federal requirements below:

2. Which PHA office should applicants or assisted families contact to initiate the informal review and informal hearing processes? (select all that apply)

- ☒ PHA main administrative office  
☐ Other (list below)

## **7. Capital Improvement Needs**

[24 CFR Part 903.7 9 (g)]

Exemptions from Component 7: Section 8 only PHAs are not required to complete this component and may skip to Component 8.

### **A. Capital Fund Activities**

Exemptions from sub-component 7A: PHAs that will not participate in the Capital Fund Program may skip to component 7B. All other PHAs must complete 7A as instructed.

### **(1) Capital Fund Program Annual Statement**

Using parts I, II, and III of the Annual Statement for the Capital Fund Program (CFP), identify capital activities the PHA is proposing for the upcoming year to ensure long-term physical and social viability of its public housing developments. This statement can be completed by using the CFP Annual Statement tables provided in the table library at the end of the PHA Plan template **OR**, at the PHA's option, by completing and attaching a properly updated HUD-52837.

Select one:

- ☐ The Capital Fund Program Annual Statement is provided as an attachment to the PHA Plan at Attachment (state name)

-or-



The Capital Fund Program Annual Statement

provided below: (if selected, copy the CFP Annual Statement from the Table Library and insert here)

## **CAPITAL FUND PROGRAM TABLES START HERE**

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
<b>PHA Name:</b> Housing Authority of the Town of Manchester		<b>Grant Type and Number</b> Capital Fund Program Grant No: CT26P02650105 Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> 2005
<input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b> <input checked="" type="checkbox"/> <b>Revised Annual Statement revision no: 1</b> <b>AMENDED TO REFLECT ACTUAL GRANT</b>					
<input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	87,255.00			
4	1410 Administration	43,627.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	24,000.00			
8	1440 Site Acquisition				
9	1450 Site Improvement	125,000.00			
10	1460 Dwelling Structures	130,000.00	108,328.00		
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	26,396.00			
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	436,278.00	414,606.00		
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				



## Part II: Supporting Pages

[illegible]



**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part III: Implementation Schedule**

[illegible]

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part III: Implementation Schedule**

PHA Name: Housing Authority of the Town of Manchester			Grant Type and Number Capital Fund Program No: CT26PO2650105 Replacement Housing Factor No:			Federal FY of Grant: 2005	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	

**(2) Optional 5-Year Action Plan**

Agencies are encouraged to include a 5-Year Action Plan covering capital work items. This statement can be completed by using the 5 Year Action Plan table provided in the table library at the end of the PHA Plan template **OR** by completing and attaching a properly updated HUD-52834.

a. ☐ Yes ☐ No: Is the PHA providing an optional 5-Year Action Plan for the Capital Fund? (if no, skip to sub-component 7B)

b. If yes to question a, select one:

☐ The Capital Fund Program 5-Year Action Plan is provided as an attachment to the PHA Plan at Attachment (state name  
-or-

☒ The Capital Fund Program 5-Year Action Plan is provided below: (if selected, copy the CFP optional 5 Year Action Plan from the Table  
Library and insert here)

# Capital Fund Program Five-Year Action Plan

## Part I: Summary

PHA Name <b>Housing Authority of The Town of Manchester</b>		<input checked="" type="checkbox"/> <b>Original 5-Year Plan</b> <input type="checkbox"/> <b>Revision No:</b>			
Development Number/Name/HA- Wide	Year 1	Work Statement for Year 2 FFY Grant: 2006 PHA FY: 10/01/2006-9/30/2007	Work Statement for Year 3 FFY Grant:2007 PHA FY: 10/01/2007-9/30/2008	Work Statement for Year 4 FFY Grant: 2008 PHAFY:10/01/2008- 9/30/2009	Work Statement for Year 5 FFY Grant: 2009 PHA FY:10/01/2009- 9/30/2010
	Annual Statement				
CT26P026-001 Westhill Gardens		\$75,000.00	\$75,000.00	\$75,000.00	\$70,000.00
CT26P026-002 Westhill Gardens Annex		\$75,000.00	\$75,651.00	\$75,000.00	\$50,000.00
<b>CT26P026-003</b> Mayfair Gardens		\$75,651.00	\$75,000.00	\$50,000.00	\$50,000.00
CT26P026-005 Scattered Sites		\$20,000.00	\$10,000.00	\$20,000.00	\$30,000.00
CT26P026-006 Scattered Sites		\$10,000.00	\$10,000.00	\$20,000.00	\$25,000.00
CT26P026-007 Partridge Meadow		-0-	\$10,000.00	\$15,651.00	\$30,561.00
A. Physical Improvements		<b>\$255,651.00</b>	<b>\$255,651.00</b>	<b>\$255,651.00</b>	<b>\$255,651.00</b>
B. Management Imp.		<b>\$87,000.00</b>	<b>\$87,000.00</b>	<b>\$87,000.00</b>	<b>\$87,000.00</b>
C. Nondwelling Structures & Equip		<b>\$45,000.00</b>	<b>\$45,000.00</b>	<b>\$45,000.00</b>	<b>\$45,000.00</b>
D. Administration		<b>\$43,627.00</b>	<b>\$43,627.00</b>	<b>\$43,627.00</b>	<b>\$43,627.00</b>
E. Other		<b>\$5,000.00</b>	<b>\$5,000.00</b>	<b>\$5,000.00</b>	<b>\$5,000.00</b>
CFP Funds Listed for 5-year Planning		<b>\$436,278.00</b>	<b>\$436,278.00</b>	<b>\$436,278.00</b>	<b>\$436,278.00</b>

## Part II: Supporting Pages—Work Activities

[illegible]

Total CFP Estimated Cost	<b><i>\$436,278.00</i></b>			<b><i>\$436,278.00</i></b>
--------------------------	----------------------------	--	--	----------------------------

# Capital Fund Program Five-Year Action Plan

## Part II: Supporting Pages—Work Activities

Activities for Year : <u>  4  </u> FFY Grant: 2008 PHA FY: 10/1/08-9/30/09			Activities for Year: <u>  5  </u> FFY Grant: 2009 PHA FY:10/1/09-9/30/10		
Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
<b>CT26PO26-001</b> Westhill Gardens	<b>Parking Lot Paving</b>	\$75,000.00	<b>CT26PO26-001</b> Westhill Gardens	<b>Electrical Upgrade</b>	\$75,000.00
<b>CT26PO26-002</b> Westhill Gardens Annex	<b>Parking Lot Paving</b>	\$75,000.00	CT26PO26-002 Westhill Gardens Annex	<b>Stoves &amp; Refrigerators</b>	\$20,000.00
<b>CT26PO26-003</b> Mayfair Gardens	Electrical Upgrade	\$50,000.00	<b>CT26PO26-002</b> Westhill Gardens Annex3	<b>Bathroom Update</b>	\$30,000.00
CT26PO26-005 Scattered Sites	Roofs	\$20,000.00	CT26PO26-003 Mayfair Gardens	Stoves & Refrigerators	\$50,000.00
CT26PO26006 Scattered Sites	Roofs	\$20,000.00	CT26PO26-005 Scattered Sites	Electrical Upgrade	\$30,000.00
CT26PO26-007 Partridge Meadow	Roofs	\$15,651.00	CT26PO26-006 Scatter Sites	Electrical Upgrade	\$25,000.00
			CT26PO26-007 Partridge Meadow	Bathroom Upgrade	\$25,651.00
PHA-WIDE	Management Improvements	\$87,000.00	PHA-WIDE	Management Improvements	\$87,000.00
PHA-WIDE	Non-Dwelling Structures & Equipment	\$45,000.00	PHA-Wide	Non-Dwelling Structures & Equipment	\$45,000.00
Administration	Salary	\$43,627.00	Administration	Salary	\$43,627.00
PHA-WIDE	Fees & Costs	\$5,000.00	PHA-WIDE	Fees & Costs	\$5,000.00
Total CFP Estimated Cost		<b>\$436,278.00</b>			<b>\$436,278.00</b>

**B. HOPE VI and Public Housing Development and Replacement Activities (Non-Capital Fund)**



- ☐ Yes ☒ No: a) Has the PHA received a HOPE VI revitalization grant? (if no, skip to question c; if yes, provide responses to question b for each grant, copying and completing as many times as necessary)  
b) Status of HOPE VI revitalization grant (complete one set of questions for each grant)

1. Development name:

2. Development (project) number:

3. Status of grant: (select the statement that best describes the current status)

- ☐ Revitalization Plan under development  
☐ Revitalization Plan submitted, pending approval  
☐ Revitalization Plan approved  
☐ Activities pursuant to an approved Revitalization Plan underway

- ☐ Yes ☒ No: c) Does the PHA plan to apply for a HOPE VI Revitalization grant in the Plan year?  
If yes, list development name/s below:

- ☐ Yes ☒ No: d) Will the PHA be engaging in any mixed-finance development activities for public housing in the Plan year?  
If yes, list developments or activities below:

- ☐ Yes ☒ No: e) Will the PHA be conducting any other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement?  
If yes, list developments or activities below:

## **8. Demolition and Disposition**

[24 CFR Part 903.7 9 (h)]

Applicability of component 8: Section 8 only PHAs are not required to complete this section.

1. ☒ Yes ☐ No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If “No”, skip to component 9; if “yes”, complete one activity description for each development.)

### **2. Activity Description**

- ☐ Yes ☒ No: Has the PHA provided the activities description information in the **optional** Public Housing Asset Management Table? (If “yes”, skip to component 9. If “No”, complete the Activity Description table below.)

Demolition/Disposition Activity Description
1a. Development name: Land next to Maintenance Bldg.-owned by Authority 1b. Development (project) number: connected to CT26PO26-002
2. Activity type: Demolition <input type="checkbox"/> Disposition <input checked="" type="checkbox"/>
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input checked="" type="checkbox"/>
4. Date application approved, submitted, or planned for submission: 2006
5. Number of units affected: 0
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <b>Portion of land owned by Housing Authority next to Maintenance Bldg.</b> <input type="checkbox"/> Total development
7. Timeline for activity: a. Actual or projected start date of activity: <b>2006-2007</b> b. Projected end date of activity: <b>2009</b>

## 9. Designation of Public Housing for Occupancy by Elderly Families or Families with Disabilities or Elderly Families and Families with Disabilities

[24 CFR Part 903.7 9 (i)]

Exemptions from Component 9; Section 8 only PHAs are not required to complete this section.

1. ☒ Yes ☐ No: Has the PHA designated or applied for approval to designate or does the PHA plan to apply to designate any public housing for occupancy only by the elderly families or only by families with disabilities, or by elderly families and families with disabilities or will apply for designation for occupancy by only elderly families or only families with disabilities, or by elderly families and families with disabilities as provided by section 7 of the U.S. Housing Act of 1937 (42 U.S.C. 1437e) in the upcoming fiscal year? (If “No”, skip to component 10. If “yes”, complete one activity description for each development, unless the PHA is eligible to complete a streamlined submission; PHAs completing streamlined submissions may skip to component 10.)

### Submitted request for renewal of elderly designation 6/3/2005, to Hartford Office of HUD.

#### 2. Activity Description

- ☐ Yes ☒ No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? If “yes”, skip to component 10. If “No”, complete the Activity Description table below.

Designation of Public Housing Activity Description
1a. Development name: Westhill Gardens
1b. Development (project) number:
2. Designation type: Occupancy by only the elderly <input checked="" type="checkbox"/> Occupancy by families with disabilities <input type="checkbox"/> Occupancy by only elderly families and families with disabilities <input type="checkbox"/>
3. Application status (select one) Approved; included in the PHA's Designation Plan <input type="checkbox"/> Submitted, pending approval <input checked="" type="checkbox"/> <b>Renewal of Elderly Designation submitted.</b> Planned application <input type="checkbox"/>
4. Date this designation approved, <b>submitted</b> , or planned for submission: <b><u>(03//06/05)</u></b>
5. If approved, will this designation constitute a (select one) <input type="checkbox"/> New Designation Plan <input checked="" type="checkbox"/> Revision of a previously-approved Designation Plan?
6. Number of units affected: 100
7. Coverage of action (select one) <input type="checkbox"/> Part of the development <input checked="" type="checkbox"/> Total development

## **10. Conversion of Public Housing to Tenant-Based Assistance**

[24 CFR Part 903.7 9 (j)]

Exemptions from Component 10; Section 8 only PHAs are not required to complete this section.

### **A. Assessments of Reasonable Revitalization Pursuant to section 202 of the HUD FY 1996 HUD Appropriations Act**

1. ☐ Yes ☒ No: Have any of the PHA's developments or portions of developments been identified by HUD or the PHA as covered under section 202 of the HUD FY 1996 HUD Appropriations Act? (If "No", skip to component 11; if "yes", complete one activity description for each identified development, unless eligible to complete a streamlined submission. PHAs completing streamlined submissions may skip to component 11.

#### 2. Activity Description

- ☐ Yes ☐ No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? If "yes", skip to component 11. If "No", complete the Activity Description table below.

Conversion of Public Housing Activity Description
1a. Development name: 1b. Development (project) number:
2. What is the status of the required assessment? <input type="checkbox"/> Assessment underway <input type="checkbox"/> Assessment results submitted to HUD <input type="checkbox"/> Assessment results approved by HUD (if marked, proceed to next question) <input type="checkbox"/> Other (explain below)
3. <input type="checkbox"/> Yes <input type="checkbox"/> No: Is a Conversion Plan required? (If yes, go to block 4; if no, go to block 5.)
4. Status of Conversion Plan (select the statement that best describes the current status) <input type="checkbox"/> Conversion Plan in development <input type="checkbox"/> Conversion Plan submitted to HUD on: (DD/MM/YYYY) <input type="checkbox"/> Conversion Plan approved by HUD on: (DD/MM/YYYY) <input type="checkbox"/> Activities pursuant to HUD-approved Conversion Plan underway
5. Description of how requirements of Section 202 are being satisfied by means other than conversion (select one) <input type="checkbox"/> Units addressed in a pending or approved demolition application (date submitted or approved: <input type="checkbox"/> Units addressed in a pending or approved HOPE VI demolition application (date submitted or approved:   ) <input type="checkbox"/> Units addressed in a pending or approved HOPE VI Revitalization Plan (date submitted or approved:   ) <input type="checkbox"/> Requirements no longer applicable: vacancy rates are less than 10 percent <input type="checkbox"/> Requirements no longer applicable: site now has less than 300 units <input type="checkbox"/> Other: (describe below)

**B. Reserved for Conversions pursuant to Section 22 of the U.S. Housing Act of 1937**

**C. Reserved for Conversions pursuant to Section 33 of the U.S. Housing Act of 1937**

**11. Homeownership Programs Administered by the PHA**  
[24 CFR Part 903.7 9 (k)]

## A. Public Housing

Exemptions from Component 11A: Section 8 only PHAs are not required to complete 11A.

1. ☐ Yes ☒ No: Does the PHA administer any homeownership programs administered by the PHA under an approved section 5(h) homeownership program (42 U.S.C. 1437c(h)), or an approved HOPE I program (42 U.S.C. 1437aaa) or has the PHA applied or plan to apply to administer any homeownership programs under section 5(h), the HOPE I program, or section 32 of the U.S. Housing Act of 1937 (42 U.S.C. 1437z-4). (If “No”, skip to component 11B; if “yes”, complete one activity description for each applicable program/plan, unless eligible to complete a streamlined submission due to **small PHA** or **high performing PHA** status. PHAs completing streamlined submissions may skip to component 11B.)

### 2. Activity Description

- ☐ Yes ☐ No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? (If “yes”, skip to component 12. If “No”, complete the Activity Description table below.)

<b>Public Housing Homeownership Activity Description</b> (Complete one for each development affected)
1a. Development name: 1b. Development (project) number:
2. Federal Program authority: <input type="checkbox"/> HOPE I <input type="checkbox"/> 5(h) <input type="checkbox"/> Turnkey III <input type="checkbox"/> Section 32 of the USHA of 1937 (effective 10/1/99)
3. Application status: (select one) <input type="checkbox"/> Approved; included in the PHA’s Homeownership Plan/Program <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application
4. Date Homeownership Plan/Program approved, submitted, or planned for submission: (DD/MM/YYYY)
5. Number of units affected: 6. Coverage of action: (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development

## B. Section 8 Tenant Based Assistance

1. ☐ Yes ☒ No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If “No”, skip to component 12; if “yes”, describe each program using the table below (copy and complete questions for each program identified), unless the PHA is eligible to complete a streamlined submission due to high performer status. **High performing PHAs** may skip to component 12.)

### 2. Program Description:

#### a. Size of Program

- ☐ Yes ☐ No: Will the PHA limit the number of families participating in the section 8 homeownership option?

If the answer to the question above was yes, which statement best describes the number of participants? (select one)

- ☐ 25 or fewer participants  
☐ 26 - 50 participants  
☐ 51 to 100 participants  
☐ more than 100 participants

#### b. PHA-established eligibility criteria

- ☐ Yes ☐ No: Will the PHA’s program have eligibility criteria for participation in its Section 8 Homeownership Option program in addition to HUD criteria?  
If yes, list criteria below:

## 12. PHA Community Service and Self-sufficiency Programs

[24 CFR Part 903.7 9 (l)]

Exemptions from Component 12: High performing and small PHAs are not required to complete this component. Section 8-Only PHAs are not required to complete sub-component C.

### A. PHA Coordination with the Welfare (TANF) Agency

#### 1. Cooperative agreements:

- ☐ Yes ☒ No: Has the PHA has entered into a cooperative agreement with the TANF Agency, to share information and/or target supportive services (as contemplated by section 12(d)(7) of the Housing Act of 1937)?

If yes, what was the date that agreement was signed? DD/MM/YY

#### 2. Other coordination efforts between the PHA and TANF agency (select all that apply)

- ☒ Client referrals  
☒ Information sharing regarding mutual clients (for rent determinations and otherwise)  
☐ Coordinate the provision of specific social and self-sufficiency services and programs to eligible families

- ☐ Jointly administer programs
- ☐ Partner to administer a HUD Welfare-to-Work voucher program
- ☐ Joint administration of other demonstration program
- ☐ Other (describe)

## B. Services and programs offered to residents and participants

### (1) General

#### a. Self-Sufficiency Policies

Which, if any of the following discretionary policies will the PHA employ to enhance the economic and social self-sufficiency of assisted families in the following areas? (select all that apply)

- ☒ Public housing rent determination policies
- ☐ Public housing admissions policies
- ☐ Section 8 admissions policies
- ☐ Preference in admission to section 8 for certain public housing families
- ☐ Preferences for families working or engaging in training or education programs for non-housing programs operated or coordinated by the PHA
- ☐ Preference/eligibility for public housing homeownership option participation
- ☐ Preference/eligibility for section 8 homeownership option participation
- ☐ Other policies (list below)

#### b. Economic and Social self-sufficiency programs

- ☒ Yes ☐ No: Does the PHA coordinate, promote or provide any programs to enhance the economic and social self-sufficiency of residents? (If “yes”, complete the following table; if “no” skip to sub-component 2, Family Self Sufficiency Programs. The position of the table may be altered to facilitate its use. )

Services and Programs				
Program Name & Description (including location, if appropriate)	Estimated Size	Allocation Method (waiting list/random selection/specific criteria/other)	Access (development office / PHA main office / other provider name)	Eligibility (public housing or section 8 participants or both)
<i>Visiting Nurses Health Services</i>	<i>103</i>	<i>Specific Criteria</i>	<i>PHA Main Office</i>	<i>Both</i>
*Jefferson House Adult Day Care * Facility Closing	16	Specific Criteria	PHA Main Office	Both
Genesis Center Psychiatric Rehab	47	Specific Criteria	PHA Main Office	Both
Meals on Wheels	30	Specific Criteria	PHA Main Office	Both
Energy Assistance	85	Specific Criteria	PHA Main Office	Both
Renter's Rebate Program	375	Specific Criteria	PHA Main Office	Both
ConnPACE Reduced Prescriptions	90	Specific Criteria	PHA Main Office	Both
Connecticut Home Care	35	Specific Criteria	PHA Main Office	Both


## **(2) Family Self Sufficiency program/s**

### **a. Participation Description**

<b>Family Self Sufficiency (FSS) Participation</b>		
<b>Program</b>	<b>Required Number of Participants (start of FY 2005 Estimate)</b>	<b>Actual Number of Participants (As of: DD/MM/YY)</b>
Public Housing	-0-	
Section 8	--0-	

- b. ☒ Yes ☐ No: If the PHA is not maintaining the minimum program size required by HUD, does the most recent FSS Action Plan address the steps the PHA plans to take to achieve at least the minimum program size?  
If no, list steps the PHA will take below:

### **C. Welfare Benefit Reductions**

1. The PHA is complying with the statutory requirements of section 12(d) of the U.S. Housing Act of 1937 (relating to the treatment of income changes resulting from welfare program requirements) by: (select all that apply)
- ☒ Adopting appropriate changes to the PHA's public housing rent determination policies and train staff to carry out those policies
  - ☒ Informing residents of new policy on admission and reexamination
  - ☒ Actively notifying residents of new policy at times in addition to admission and reexamination.
  - ☐ Establishing or pursuing a cooperative agreement with all appropriate TANF agencies regarding the exchange of information and coordination of services
  - ☐ Establishing a protocol for exchange of information with all appropriate TANF agencies
  - ☐ Other: (list below)

### **D. Reserved for Community Service Requirement pursuant to section 12(c) of the U.S. Housing Act of 1937**

## **13. PHA Safety and Crime Prevention Measures**

[24 CFR Part 903.7 9 (m)]

Exemptions from Component 13: High performing and small PHAs not participating in PHDEP and Section 8 Only PHAs may skip to component 15. High Performing and small PHAs that are participating in PHDEP and are submitting a PHDEP Plan with this PHA Plan may skip to sub-component D.

### **A. Need for measures to ensure the safety of public housing residents**

1. Describe the need for measures to ensure the safety of public housing residents (select all that apply)
- ☐ High incidence of violent and/or drug-related crime in some or all of the PHA's developments
  - ☒ High incidence of violent and/or drug-related crime in the areas surrounding or adjacent to the PHA's developments
  - ☐ Residents fearful for their safety and/or the safety of their children
  - ☒ Observed lower-level crime, vandalism and/or graffiti



- ☐ People on waiting list unwilling to move into one or more developments due to perceived and/or actual levels of violent and/or drug-related crime
- ☐ Other (describe below)

2. What information or data did the PHA use to determine the need for PHA actions to improve safety of residents (select all that apply).

- ☐ Safety and security survey of residents
- ☐ Analysis of crime statistics over time for crimes committed “in and around” public housing authority
- ☐ Analysis of cost trends over time for repair of vandalism and removal of graffiti
- ☒ Resident reports
- ☒ PHA employee reports
- ☒ Police reports
- ☒ Demonstrable, quantifiable success with previous or ongoing anticrime/anti drug programs
- ☐ Other (describe below)

3. Which developments are most affected? (list below)

Scattered Sites

## **B. Crime and Drug Prevention activities the PHA has undertaken or plans to undertake in the next PHA fiscal year**

1. List the crime prevention activities the PHA has undertaken or plans to undertake: (select all that apply)

- ☒ Contracting with outside and/or resident organizations for the provision of crime- and/or drug-prevention activities
- ☒ Crime Prevention Through Environmental Design
- ☒ Activities targeted to at-risk youth, adults, or seniors
- ☐ Volunteer Resident Patrol/Block Watchers Program
- ☒ Other (describe below)

2. Which developments are most affected? (list below)

**Scattered Sites**

## **C. Coordination between PHA and the police**

1. Describe the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities: (select all that apply)

- ☐ Police involvement in development, implementation, and/or ongoing evaluation of drug-elimination plan
- ☒ Police provide crime data to housing authority staff for analysis and action
- ☒ Police have established a physical presence on housing authority property (e.g., community policing office, officer in residence)
- ☐ Police regularly testify in and otherwise support eviction cases
- ☒ Police regularly meet with the PHA management and residents
- ☐ Agreement between PHA and local law enforcement agency for provision of above-baseline law enforcement services
- ☐ Other activities (list below)

2. Which developments are most affected? (list below)

Scattered Sites

**D. Additional information as required by PHDEP/PHDEP Plan**

PHAs eligible for FY 2005 PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

- ☐ Yes ☐ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?  
☐ Yes ☐ No: Has the PHA included the PHDEP Plan for FY 2005 in this PHA Plan?  
☐ Yes ☐ No: This PHDEP Plan is an Attachment. (Attachment Filename: \_\_\_\_)

**14. RESERVED FOR PET POLICY**

[24 CFR Part 903.7 9 (n)]

**15. Civil Rights Certifications**

[24 CFR Part 903.7 9 (o)]

Civil rights certifications are included in the PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations.

**16. Fiscal Audit**

[24 CFR Part 903.7 9 (p)]

1. ☒ Yes ☐ No: Is the PHA required to have an audit conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h))? (If no, skip to component 17.)  
2. ☒ Yes ☐ No: Was the most recent fiscal audit submitted to HUD?  
3. ☒ Yes ☐ No: Were there any findings as the result of that audit?  
4. ☐ Yes ☒ No: If there were any findings, do any remain unresolved?  
If yes, how many unresolved findings remain? \_\_\_\_  
5. ☐ Yes ☐ No: Have responses to any unresolved findings been submitted to HUD?  
If not, when are they due (state below)?

**17. PHA Asset Management**

[24 CFR Part 903.7 9 (q)]

Exemptions from component 17: Section 8 Only PHAs are not required to complete this component. High performing and small PHAs are not required to complete this component.

1. ☐ Yes ☒ No: Is the PHA engaging in any activities that will contribute to the long-term asset management of its public housing stock , including how the Agency will plan for long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs that have **not** been addressed elsewhere in this PHA Plan?
2. What types of asset management activities will the PHA undertake? (select all that apply)
  - ☒ Not applicable
  - ☐ Private management
  - ☐ Development-based accounting
  - ☐ Comprehensive stock assessment
  - ☐ Other: (list below)
3. ☐ Yes ☒ No: Has the PHA included descriptions of asset management activities in the **optional** Public Housing Asset Management Table?

## **18. Other Information**

[24 CFR Part 903.7 9 (r)]

### **A. Resident Advisory Board Recommendations**

1. ☐ Yes ☒ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?  
 The Resident Advisory Board met in mid-June 2005. The Board reviewed the plan and accomplishments mad and were pleased with both.  
 . If yes, the comments are: (if comments were received, the PHA **MUST** select one)
  - ☐ Attached at Attachment (File name)
  - ☐ Provided below:

3. In what manner did the PHA address those comments? (select all that apply)
  - ☐ Considered comments, but determined that no changes to the PHA Plan were necessary.
  - ☐ The PHA changed portions of the PHA Plan in response to comments  
 List changes below:
  - ☐ Other: (list below)

### **B. Description of Election process for Residents on the PHA Board**

1. ☐ Yes ☒ No: Does the PHA meet the exemption criteria provided section 2(b)(2) of the U.S. Housing Act of 1937? (If no, continue to question 2; if yes, skip to sub-component C.)
2. ☐ Yes ☒ No: Was the resident who serves on the PHA Board elected by the residents? (If yes, continue to question 3; if no, skip to sub-component C.)

### **3. Description of Resident Election Process**

- a. Nomination of candidates for place on the ballot: (select all that apply)
  - ☐ Candidates were nominated by resident and assisted family organizations

- ☐ Candidates could be nominated by any adult recipient of PHA assistance
- ☐ Self-nomination: Candidates registered with the PHA and requested a place on ballot
- ☐ Other: (describe)

b. Eligible candidates: (select one)

- ☐ Any recipient of PHA assistance
- ☐ Any head of household receiving PHA assistance
- ☐ Any adult recipient of PHA assistance
- ☐ Any adult member of a resident or assisted family organization
- ☐ Other (list)

c. Eligible voters: (select all that apply)

- ☐ All adult recipients of PHA assistance (public housing and section 8 tenant-based assistance)
- ☐ Representatives of all PHA resident and assisted family organizations
- ☐ Other (list)

### C. Statement of Consistency with the Consolidated Plan

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: (provide name here) Town of Manchester.
2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)
  - ☐ The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
  - ☒ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
  - ☒ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
  - ☐ Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below)
  - ☐ Other: (list below)
4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

**D. Other Information Required by HUD**

Use this section to provide any additional information requested by HUD.

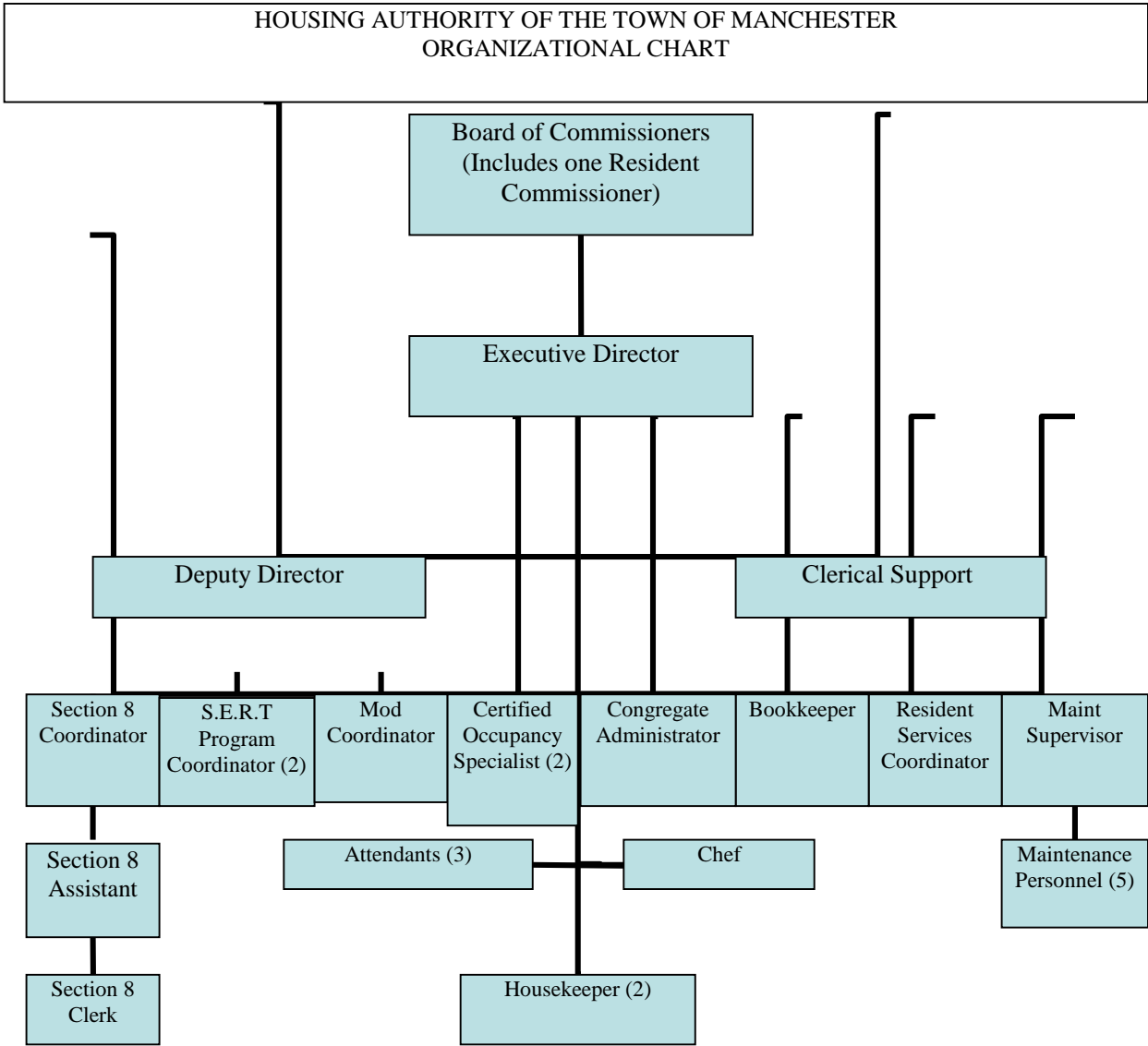
**Attachments**

Use this section to provide any additional attachments referenced in the Plans.

CT26A01	Organization Chart
CT26B01	Goals and Accomplishments
CT26C01	Pet Policy
CT26D01	Flat Rents
CT26E01	Deconcentration and Income Mixing
CT26F01	Membership of the Resident Advisory Board
CT26G01	Resident Member of the Governing Board
CT26H01	FY2003 Performance and Evaluation Report CT26P02650103
CT26H02	FY2003 Performance and Evaluation Report CT26P02650203
CT26H03	FY2004 Performance and Evaluation Report CT26P02650104
CT26I01	Voluntary Conversion Initial Assessments
CT26J01	Implementation of Public Housing Resident Community Service Requirements

**PHA Plan  
Table Library**

**CT26A01 – Organization Chart**



---

## **ATTACHMENT B**

### **Housing Authority of the Town of Manchester Goals and Accomplishments**

**The fifth year of our PHA Agency Plan will end September 30, 2005 with most goals being met and on-going and continuing activity in other areas.**

**We are continually updating the electrical systems throughout our developments and upgrading the kitchen and baths in three of the developments We have installed kitchen counters, shower and tub surrounds, and new floor in many apartments. We have made many improvements in accordance with 504 requirements in our handicapped units, both for families and elderly.**

**Each time a family has moved out of a unit, which usually means major rehabilitation, we have renovated kitchens, bathrooms, installed new carpeting, and flooring. Families who move into our scattered sites and Partridge Meadow units are very pleased with the results of the rehabilitation. Family housing continues to need repair and renovation, and we strive to keep this housing up-to-date, both inside and out, and in good repair.**

**The building that was purchased for the maintenance garage has undergone extensive renovation, and is almost complete. Site work is being accomplished at present.**

**In our ongoing effort to increase the number of employed persons residing in our developments, we continue to include a special allowance for families who work. The policy allows a 10% deduction of gross income for working families. This deduction appears to be an incentive as there is at least one family member working in the majority of households.**

**In the past year, eight (8) new landlords join the Section 8 Program. We have an on-going education (Section 8 instruction) program for all participants in the program.**

**Our payment standard for the Voucher program was reduced from 110% of the Fair Market Rent (FMR) to 100% of the FMR although the rents in Manchester have consistently been 17% above Hartford, CT. This measure was taken due to a lack of fund for the Section 8 program. It was decided that the Authority would try to help more people, al be it by giving less subsidy, than helping less. This may only help in the short term. Continuous cuts in funding for the Section 8 program will ultimately result in less people being served.**



**Ongoing goals throughout the five years continue to ensure equal opportunity in our housing programs, as well as increasing customer satisfaction.**

**The two Resident Services Coordinators are kept extremely busy helping the elderly population by obtaining services to aid them in continuing to live independently. They have been extremely helpful with our younger disabled population who present a myriad of challenges.**

## **ATTACHMENT C**

### **PET POLICY**

- 1. Common Household Pets are defined as: Dogs (size limited to a maximum of 25 pounds); Cats (size limited to a maximum of 20 pounds); Birds (canaries, parakeets or love birds limit: one cage with no more than two per cage); Fish (one tank limited to a 10-gallon capacity. Rodents and reptiles are not considered common household pets and are not allowed in the Authority's developments.**
- 2. No tenant will be allowed more than one animal or one cage or one tank.**
- 3. Only animals that are housebroken will be allowed.**
- 4. A security deposit of \$300.00 may be requested for dogs or cats to cover any damage that may be caused by the pet to apartments or hallways.**
- 5. Any damage done by a pet will be the total responsibility of the tenant at the time and the Housing Authority will be reimbursed within 30 days of billing.**
- 6. Tenants must be able to care for pet's needs. If, after consulting the area health district and/or a local veterinarian, it is determined that adequate care is no longer possible, the owner must relinquish the right to pet ownership.**
- 7. Any animal deemed to be potentially harmful to the health or safety of others, including attack or fight-trained dogs will not be allowed. The MHA will have the right to have the owner remove any animal that poses a threat to the health or safety or is a**

**nuisance to other residents or the MHA personnel.**

**ATTACHMENT C (CONTINUED)**

- 8. All dogs must be licensed by the Town of Manchester. Transfers from other towns or cities in Connecticut can be obtained from the Office of the Town Clerk for a small fee.**
- 9. All dogs and cats must be inoculated against rabies. All dogs or cats must be spayed or neutered. This requirement must be met before the animal will be allowed in the development and proof must be presented by the tenant. Proof of a booster shot to keep the animal safe from disease must be submitted annually.**
- 10. Animals must be restrained at all times. Dogs will be on leashes of no more than six feet in length.**
- 11. Owner must have a signed, notarized statement from next of kin stating that the pet will be removed from the apartment in the event that the tenant is absent from the apartment or upon his/her demise.**
- 12. Periodic inspections will be made (with reasonable notice given to the tenant) to insure that the apartments are well maintained and no damage is being caused.**
- 13. Cat litter should be used for cats and must be changed at least twice a week.**
- 14. Owner is responsible for animal waste. Waste will be secured in plastic bags and disposed of in garbage containers.**
- 15. All pets will be properly groomed and maintained free of infection and disease including fleas, ticks and other infestations. Any pet-related insect infestation will be the responsibility of the pet owner and the HA reserves the right to terminate and charge the resident.**
- 16. No unauthorized pet will be allowed in the building or on the**

**grounds.**

- 17. If, for any reason, the pet is left unattended for 24 hours or more, the MHA has the right to enter the apartment and transfer the pet to the proper authorities, i.e. local animals shelter or Humane Society. The tenant will hold the MHA harmless in such circumstances.**
- 18. The tenant will take adequate precautions to eliminate any pet odors within the apartment and to maintain the apartment in a sanitary condition at all times.**
- 19. Animals are barred from the laundry room and the community hall.**

**ATTACHMENT D**  
**HOUSING AUTHORITY OF THE TOWN OF MANCHESTER**

**FLAT RENTS – ELDERLY, DISABLED AND HANDICAPPED**

**WESTHILL GARDENS – 100 UNITS - CT26PO26001**

<b>10 Efficiencies – Includes heat, hot water, and electricity – Flat rent:</b>	<b>\$650.00</b>
<b>50 One Bedroom – Includes heat, hot water and electricity – Flat rent :</b>	<b>\$750.00</b>
<b>40 Two Bedroom - Includes heat, hot water and electricity – Flat rent:</b>	<b>\$850.00</b>

**WESTHILL GARDENS ANNEX – 100 UNITS – CT26PO26002**

<b>20 Efficiencies – Includes heat, hot water, and electricity – Flat rent:</b>	<b>\$650.00</b>
<b>80 One Bedroom – Includes heat, hot water, and electricity – Flat rent:</b>	<b>\$750.00</b>

**MAYFAIR GARDENS – 76 UNITS – CT29PO26003**

<b>52 Efficiencies – Includes heat, hot water, and electricity – Flat rent:</b>	<b>\$650.00</b>
<b>24 One Bedroom – Includes heat, hot water, and electricity – Flat rent:</b>	<b>\$750.00</b>

**FLAT RENTS – SCATTERED SITES**

**CT26PO26005 – 14 UNITS – SEVEN DUPLEXES**

<b>92-94 Bissell Street – two 3-Bedroom units –water included – Flat rent:</b>	<b>\$850.00</b>
<b>88-90 Clinton Street – two 2 Bedroom units – water included – Flat rent:</b>	<b>\$825.00</b>
<b>34-36 Madison Street – two 3-Bedroom units – water included – Flat rent:</b>	<b>\$850.00</b>
<b>122-124 Maple Street – two 3-Bedroom units – water included – Flat rent:</b>	<b>\$850.00</b>
<b>15-17 Orchard Street– two 3-Bedroom units – water included – Flat rent:</b>	<b>\$850.00</b>
<b>64-66 Regent Street – two 3-Bedroom units – water included – Flat rent:</b>	<b>\$850.00</b>
<b>85-87 School Street – two 3 Bedroom units – water included – Flat rent:</b>	<b>\$850.00</b>

**CT26P026006 – 12 UNITS – SIX DUPLEXES**

<b>213-215 Bidwell Street – two 3-Bedroom units – water included – Flat rent:</b>	<b>\$850.00</b>
<b>37 Florence Street – one 3 Bedroom unit – water included – Flat rent:</b>	<b>\$850.00</b>
<b>39 Florence Street – one 2-Bedroom unit – water included – Flat rent:</b>	<b>\$825.00</b>
<b>24-26 Horace Street – two 3-Bedroom units – water included – Flat rent:</b>	<b>\$850.00</b>
<b>41 Lilly Street – one 2 Bedroom unit – water included – Flat rent:</b>	<b>\$825.00</b>
<b>43 Lilly Street – one 3 Bedroom unit - water included – Flat rent:</b>	<b>\$850.00</b>
<b>170A 170B Spruce Street – two 3 Bedroom units–water included – Flat rent:</b>	<b>\$850.00</b>
<b>38-40 Wilfred Road 0 two 3-Bedroom units – water included – Flat rent:</b>	<b>\$850.00</b>

**CT26PO26007 – 16 UNITS – EIGHT DUPLEXES**

<b>6,7,8,9,12,14,15,17,20,21,22,23,27,29,30,32 Lisa Drive –water included –Flat rent:</b>	<b>\$950.00</b>
---	-----------------

**ATTACHMENT E: MEMBERSHIP OF THE RESIDENT ADVISORY BOARD**

**List the member of the Resident Advisory Board**

**Section 8 Tenants**

**Sharon Langton**

**Low Income Public Housing Family**

**Darlene (Negron) Perez**

**Low Income Public Housing Elderly**

**Florence Carpenter**

**REQUIRED ATTACHMENT F: RESIDENT MEMBER ON THE PHA GOVERNING BOARD**

1. ☒ / ☐ Does the PHA governing board include at least one member who is directly assisted by the PHA this year?

A. Name of resident member selected: Eleanor Russell

B. How was the resident board member selected (select one)?

☐ / ☐ Elected

☒ / ☐ Appointed

C. The term of appointment is (include the date term expires  
Eleanor Russell 12/01/2003 – 11/30/2008

1. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

☐ / ☐ the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis;

☐ / ☐ the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing, and has not been notified by any resident of their  
☐ / ☐ interest to participate in the Board.

B. Date of the next term expiration of a governing board member: 11/30/05

A. Name and title of appointing official(s) for governing board (indicate appointing official for the next position):  
Board of Directors for the Town of Manchester

**ATTACHMENT CTH01**  
**CAPITAL FUND PROGRAM TABLES START HERE**

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
<b>PHA Name:</b> Housing Authority of the Town of Manchester		<b>Grant Type and Number</b> <div style="text-align: right; font-weight: bold;">AS OF MARCH 31, 2005</div> Capital Fund Program Grant No: CT26P02650103 Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> 2003
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: 1) <input type="checkbox"/> Performance and Evaluation Report for Period Ending:                   /X/Final Performance and Evaluation Report                   FINAL					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements    Soft Costs	5,000.00	20,000.00	20,000.00	20,000.00
	Hard Costs	3,000.00	16,141.00	16,141.00	16,141.00
4	1410 Administration	88,000.00	69,938.00	69,938.00	69,938.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	10,000.00	206.00	206.00	206.00
8	1440 Site Acquisition				
9	1450 Site Improvement	55,000.00	-0-	-0-	-0-
10	1460 Dwelling Structures	164,116.00	254,900.00	254,900.00	254,900.00
11	1465.1 Dwelling Equipment—Nonexpendable	10,000.00	3,660.00-0-	3,660.00	3,660.00
12	1470 Nondwelling Structures	60,000.00	30,271.00	30,271.00	30,271.00
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	395,116.00	395,116.00	395,116.00	395,116.00
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance	9,510.00	9,510.00	9,510.00	9,510.00
24	Amount of line 21 Related to Security – Soft Costs				

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHA Name: Housing Authority of the Town of Manchester		Grant Type and Number <b><u>AS OF MARCH 31,2005</u></b> Capital Fund Program Grant No: CT26P02650103 Replacement Housing Factor Grant No:			Federal FY of Grant: 2003
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: 1) <input type="checkbox"/> Performance and Evaluation Report for Period Ending:      /X/Final Performance and Evaluation Report      FINAL					
<b>Line No.</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost</b>	
		<b>Original</b>	<b>Revised</b>	<b>Obligated</b>	<b>Expended</b>
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				



**Annual Statement/Performance and Evaluation Report      AS OF MARCH 31, 2005**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name: HOUSING AUTHORITY OF THE TOWN OF MANCHESTER		Grant Type and Number Capital Fund Program Grant No: CT26P02650103 Replacement Housing Factor Grant No:				Federal FY of Grant: 2003		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA-WIDE	Management Improvements Computer Upgrade Hard Costs Soft Costs	1408	12	3,000.00 5,000.00	20,000.00 16,141.00	20,000.00 16,141.00	20,000.00 16,141.00	100% 100%.
PHA-WIDE	Administration Salaries: Mod Coordinator & Secretary	1410	3	88,000.00	69,938.00	69,938.00	69,938.00	100%
PHA-WIDE	Fees & Costs	1430		10,000.00	206.00	206.00	206.00	100%
CT26P026-002 Westhill GardensAnnex	Upgrading Electrical Lights in Basements, kitchens, etc.	1460	35	-0-	14,890.00	14,890.00	14,890.00	100%
CT26P026-005 Scattered Site	Madison Street Roof	1460	2 units	-0-	20,000.00	20,000.00	20,000.00	100%
CT26P026-006 Scatter Sites	Wilfred Road Roof and Siding, flooring	1460	2 units	40,000.00	15,000.00	15,000.00	15,000.00	100%
	Horace Street Roof	1460	2 units	-0-	10,000.00	10,000.00	10,000.00	100%
	Bidwell Street Roof & Siding	1460	2 units	-0-	40,000.00	40,000.00	40,000.00	100%
HA WIDE	Maintenance Garage	1470	1 bldg.	60,000.00	30,271.00	30,271.00	30,271.00	100%
CT26PO26-007	Rehabilitation 7 Lisa Drive	1460	1 Unit	-0-	30,000.00	30,000.00	30,000.00	100%
	30 Lisa Drive	1460	1 Unit	-0-	36000.00	36,000.00	36000.00	100%
	27 & 29 Lisa Drive (To bring up to code in accordance with Americans with Disabilities Act)	1460	2 Units	-0-	55,510.00	55,510.00	55,510.00	100%
	22 Lisa Drive	1460	1 Unit	-0-	33,500.00	33,500.00	33,500.00	100%
PHA WIDE	Stoves & Refrigerators	1465.1	15	10,000.00	3,660.00	3,660.00	3,660.00	100%

**Annual Statement/Performance and Evaluation Report**      **AS OF MARCH 31, 2005**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name: HOUSING AUTHORITY OF THE TOWN OF MANCHESTER		Grant Type and Number Capital Fund Program Grant No: CT26P02650103 Replacement Housing Factor Grant No:				Federal FY of Grant: 2003		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	

**ATTACHMENT CTHO2**  
**CAPITAL FUND PROGRAM TABLES START HERE**

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary**

PHA Name: Housing Authority of the Town of Manchester		Grant Type and Number Capital Fund Program Grant No: CT26P02650203 Replacement Housing Factor Grant No:		Federal FY of Grant: 2003	
<div><input type="checkbox"/>Original Annual Statement <input type="checkbox"/>Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/>Revised Annual Statement (revision no:2) <b><u>As of March 31, 2005</u></b></div> <div><input type="checkbox"/>Performance and Evaluation Report for Period Ending: <input type="checkbox"/>Final Performance and Evaluation Report</div>					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration	10,000.00	7,874.40	7,874.40	7,874.40
5	1411 Audit				

# Annual Statement/Performance and Evaluation Report

## Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary

PHA Name: Housing Authority of the Town of Manchester	Grant Type and Number Capital Fund Program Grant No: CT26P02650203 Replacement Housing Factor Grant No:	Federal FY of Grant: 2003
--	---	------------------------------

☐ Original Annual Statement ☐ Reserve for Disasters/ Emergencies ☒ Revised Annual Statement (revision no:2) **As of March 31, 2005**

☐ Performance and Evaluation Report for Period Ending: ☐ Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	34,000.00	34,094.46	34,094.46	34,030.30
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	15,000.00	15,000.00	15,000.00	15,000.00
13	1475 Nondwelling Equipment	19,744.00	21,775.14	21,775.14	21,775.14
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	78,744.00	78,744.00	78,744.00	78,679.84
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name: HOUSING AUTHORITY OF THE TOWN OF MANCHESTER		Grant Type and Number Capital Fund Program Grant No: CT26P02650203 Replacement Housing Factor Grant No:				Federal FY of Grant: 2003		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA-Wide	Salaries –MOD Coordinator & Secretary	1410	318 Units	10,000.00	7,784.40	7,784.40	7,784.40	100%
Ct26P026-006	Scattered Site (Wilfred Rd.) Roof	1460	2	-0-	10,000.00	10,000.00	10,000.00	100%
CT26P026-005	Scattered Sites (Madison Street, Maple Street , Bissell Street) Utility Sheds	1470	6 Units	15,000.00	15,000.00	15,000.00	15,000.00	100%
PHA-Wide	Mower with bagger	1475	1	14,744.00	14,744.00	14,744.00	14,744.00	100%
PHA-Wide	Maintenance of Modernization Vehicle	1475		5,000.00	7,031.14	7,031.14	7,031.14	100%
CT26P026-005	Roof and Windows Madison Street	1460	2 Units	24,000.00	24,094.46	24,094.46	24,030.30	99.7%
CT26P026-007	Rehabilitation							
	7 Lisa Drive	1460	1 Unit	15,000.00	-0-			
	30 Lisa Drive	1460	1 Unit	17,000.00	-0-			
	29 Lisa Drive (To bring up to code for Americans With Disabilities Act)	1460	1 Unit	14,000.00	-0-			

## ATTACHMENT CTH03

### Fy2004Performance and Evaluation Report

**CT26PO2650104**

CAPITAL FUND PROGRAM TABLES START HERE

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
<b>PHA Name:</b> Housing Authority of the Town of Manchester		<b>Grant Type and Number</b> Capital Fund Program Grant No: CT26P02650104 Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> 2004
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1)					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	87,255.00	87,255.00	87,255.00	1,786.00
4	1410 Administration	43,627.00	43,627.00	43,627.00	19,848.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	21,582.00	21,582.00	21,582.00	633.00
8	1440 Site Acquisition				
9	1450 Site Improvement	160,000.00	160,000.00	160,000.00	53,578.00
10	1460 Dwelling Structures	105,000.00	105,000.00	105,000.00	25,976.00
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	8,814.00	8,814.00	8,814.00	-0-
13	1475 Nondwelling Equipment	10,000.00	10,000.00	10,000.00	4,131.00
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	436,278.00	436,278.00	436,278.00	105,952.00
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
<b>PHA Name:</b> Housing Authority of the Town of Manchester		<b>Grant Type and Number</b> Capital Fund Program Grant No: CT26P02650104 Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> 2004
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1)					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

[illegible]





PHA Name: Housing Authority of the Town of Manchester		<b>Grant Type and Number</b> Capital Fund Program No: CT26PO2650104 Replacement Housing Factor No:				<b>Federal FY of Grant: 2004</b>	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	

**ATTACHMENT I**

**Component 10 Voluntary Conversion Initial Assessment**

- a. How many of the PHA's developments are subject to the Required Initial Assessments? 3.
- b. How many of the PHA's developments are not subject to the Required Initial Assessments based on exemptions (e.g. elderly, and/or disabled developments not general occupancy projects)? 3
- c. How many Assessments were conducted for the PHA's covered developments? 3 One for each covered development.
- c. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessment.

**NONE**

- d. If the PHA has not completed the Required Initial Assessments, describe the status of these assessments.

## **ATTACHMENT J**

### **Implementation of Public Housing Resident Community Service Requirements**

The Housing Authority of the Town of Manchester has 42 units of Scattered Site Family Housing

A preference is given for the rental of one of these units to people who are working